MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	ı						51			ı				
2							52							
3	ı						53							
4		ı					54							
5							55		ı					
6		ı					56				ı			
7		ı					57							
8	ı						58		ı					
9		ı					59				ı			
10							60							
11	ı						61							
12		ı					62							
13							63							
14	ı						64							
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17		ı					67							
18	ı						68							
19	ı						69							
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31		ı					81							
32	ı						82							
33		ı					83							
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35		ı					85							
36							86							
37							87							
38	ı						88							
39		ı					89							
40							90							
41							91							
42							92							
43							93							
44							94							
45	ı						95							
46							96							
47							97							
48							98							
49							99							
50		ı					100							
TOTAL IND.							TOTAL IND.	18						
TOTAL DEP.							TOTAL DEP.	41						
TOTAL CLAIMS							TOTAL CLAIMS	59						

PTO-1360 (3-78)